

PART B - FEE(S) TRANSMITTAL

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CLARK & ELBING LLP
101 FEDERAL STREET
BOSTON, MA 02110

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| | |
|----------------------------|--------------------|
| Collette R. D'Amico | (Depositor's name) |
| <i>Collette R. D'Amico</i> | (Signature) |
| August 20, 2007 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/628,607 | 07/31/2000 | Margaret A. Moore | 50160/002003 | 3849 |

TITLE OF INVENTION: PERSONAL COACHING SYSTEM FOR CLIENTS WITH ONGOING CONCERNS SUCH AS WEIGHT LOSS

08/22/2007 CNEGA2 00000041 09628607

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID FEE | TOTAL FEE(S) DUE | 10/02/2007 |
|----------------|--------------|---------------|---------------------|----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$0 | \$0 | \$700 | 10/02/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| POLLACK, MELVIN H | 2145 | 709-204000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Clark & Elbing LLP**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Wellcoaches Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)
19 Weston Road
Wellesley, Massachusetts 02482

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies **10**

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **03-2095** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Paul T. Clark

Date

20 August 2007

Typed or printed name

Paul T. Clark*JAN M. TITTEL*

Registration No.

30,162*52,290*

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